

PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0451-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
120.00

Complete If Known

Application Number 10/789,105
 Filing Date February 27, 2004
 First Named Inventor Claire Roberts
 Examiner Name Borgeest, Christina M.
 Art Unit 1849
 Attorney Docket No. LP-02-019

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|---------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| - 20 or HP = _____ x _____ = _____ | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| - 3 or HP = _____ x _____ = _____ | Fee Paid (\$) | |
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time

Fees Paid (\$)

120.00

SUBMITTED BY

Signature

Name (Print/Type) Ralph C. Francis

Registration No.

(Attorney/Agent) 38,884

Telephone (510) 533-1100

Date January 8, 2007

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FACSIMILE TRANSMISSION COVER SHEET

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| Date: | January 8, 2007 |
| To: | Examiner Christina Borgeest |
| Company: | USPTO |
| Fax Number: | (571) 273-8300 |
| Tele. Number: | |
| From: | Ralph C. Francis |
| Company | Francis Law Group |
| Tele. Number: | 510/533-1100 |
| Attorney Docket: | LP-02-019 |

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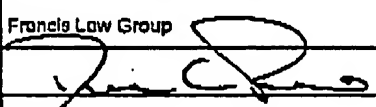
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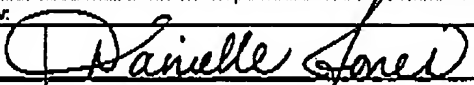
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| | | |
|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/789,105 |
| | Filing Date | February 27, 2004 |
| | First Named Inventor | Clubs Roberts |
| | Art Unit | 1549 |
| | Examiner Name | Borgeest, Christina M. |
| Total Number of Pages in This Submission | Attorney Docket Number | LP-02-010 |

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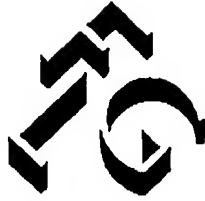
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| Signature |  | | |
| Printed name | Ralph C. Francis | | |
| Date | January 8, 2007 | Reg. No. | 38,884 |

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| Typed or printed name | Danielle Jones |
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| Attorney Docket: | LP-02-019 |

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/780,105

Filing Date

February 27, 2004

First Named Inventor

Claire Roberts

Art Unit

1849

Examiner Name

Borgeest, Christina M.

Attorney Docket Number

LP-02-010

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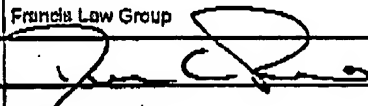
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| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Alter Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
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| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Francis Law Group | | |
| Signature |  | | |
| Printed name | Rajan C. Francis | | |
| Date | January 8, 2007 | Reg. No. | 38,884 |

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| Signature |  | | |
| Typed or printed name | Danielle Jones | Date | 01/08/07 |

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
120.00**Complete if Known**

Application Number 10/789,105
 Filing Date February 27, 2004
 First Named Inventor Claire Roberts
 Examiner Name Borgeest, Christine M.
 Art Unit 1649
 Attorney Docket No. LP-02-019

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues).

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| | | | |
|--------------|---|---|--|
| - 20 or HP = | x | = | |
|--------------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | | |
|-------------|---|---|--|
| - 3 or HP = | x | = | |
|-------------|---|---|--|

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
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|---------|--------|--------------------------------|---|--|
| - 100 = | / 50 = | (round up to a whole number) x | = | |
|---------|--------|--------------------------------|---|--|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

| Fee Paid (\$) |
|---------------|
|---------------|

Other (e.g., late filing surcharge): Petition for Extension of Time

| |
|--------|
| 120.00 |
|--------|

SUBMITTED BY

Signature

Name (Print/Type) Ralph C. Francis

Registration No.
(Attorney/Agent)

38,884

Telephone (510) 533-1100

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PTO/SB/17 (07-06)

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For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

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Complete if Known

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 First Named Inventor Claire Roberts
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Fee Description

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 Each independent claim over 3 (including Reissues):
 Multiple dependent claims

| Fee (\$) | Small Entity Fee (\$) |
|---------------------------|-----------------------|
| | |
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |
| Multiple Dependent Claims | |
| Fee (\$) | Fee Paid (\$) |

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 Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time

Fees Paid (\$)

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Signature

Name (Print/Type) Ralph C. Francis

Registration No.
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Telephone (510) 533-1100

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